



IAP12 Rec'd PCT/PTO 12 JUN 2007

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ernst Reder et al.

Examiner: Benjamin M. Kurtz

Serial No.: 10/520,733

Group Art Unit: 1723

Filed: 01/10/2005

Date: June 8, 2007

For: "FILTER CARTRIDGE"

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

Sir,

The undersigned hereby certifies that the attached **REQUEST FOR CONTINUED EXAMINATION, CHECK NO. 17467 FOR \$890 (RCE FEE + 2 EXCESS CLAIMS), AMENDMENT TRANSMITTAL, AND AMENDMENT "D"** were mailed to Mail Stop RCE, Commissioner for Patents, Alexandria, VA, with sufficient first-class postage, no special handling, on June 8, 2007, before 5:00 PM, thereby ensuring that such documents will be in the hands of the U.S. Postal Service by the close of business this day.

The Commissioner is hereby authorized to charge any additional fees which might be required or credit any overpayment of fees with regard to the attached documents to Deposit Account No. 08-3150.

Respectfully submitted,

HUDAK, SHUNK & FARINE CO. LPA

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Enclosures: Return Postcard
Certificate of Mailing
Request for Continued Examination (1 pg.)
Check No. 17467 for \$890
Amendment Transmittal (1 pg.)
Amendment "D" (8 pgs.)

AMENDMENT TRANSMITTAL

In re Application of: Ernst Reder et al.
 Serial No.: 10/520,733
 Filed: January 10, 2005
 For: Filter Cartridge



Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☐ No additional fee is required.

The fee has been calculated as shown below:

	Column 1 Claims Remaining After Amend- ment		Column 2 Highest No. Previously Paid For	Column 3 Present Extra Claims	Small Entity Rate	Small Entity Additional Fee	or	Other Than Small Entity Rate	Other Than Small Entity Additional Fee
Total*	22	-	20	= 2	x \$ 25	\$		x \$ 50	\$ 100.00
Indep.*	1	-	3	= 0	x \$100	\$		x \$ 200	\$
Multiple Dep. Claim					+ \$180			+ \$ 360	\$
TOTAL ADDITIONAL FEES					TOTAL \$		or		TOTAL \$ 100.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, write "20" in this space.

*** If the *Highest Number Previously Paid for* IN THIS SPACE is less than 3, write "3" in this space.

The *Highest Number Previously Paid For* (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.

A DUPLICATE OF THIS SHEET IS ATTACHED.

☒ A check in the amount of **\$890.00** is attached (RCE filing fee + 2 excess claims).

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **08-3150**. A DUPLICATE OF THIS SHEET IS ATTACHED.

☒ Any filing fees under 37 CFR §11.16 for the presentation of extra claims in the event sufficient payment is not enclosed.

☐ Any patent application processing fees under 37 CFR §1.17

Date: 6/8/07

By:

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